

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM 0 MAR 25 2002

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APP	ROVAL
OMB Number:	3235-0076
Expires: Decen	
Estimated avera	ce burden
hours per respon	rse 16.00

SEC	JSE ONLY
Prefix	Serial
DATE	RECEIVED

Name of Offering (Eicheck Medical and Environm Rate Industrial Reve	if this is an amendment and name has changed, and vental Pollution Control Facilities unue Bonds 1983 Series A (Abbott Lab	indicate change.) Fuerto Rico Industri Financing Authority Adjustable poratories Project)
Filing Under (Check box(es) th		
Type of Filing: S New Filin	g 🖸 Amendinent	DDOO
	A. BASIC IDENTIFICATION DAT	
1. Enter the information reque	sted about the issuer	6.50
Name of Issuer (Scheck if Abbott Laboratories	this is an amendment and name has changed, and ind	licate change.) PAPR 0 2002
Address of Executive Offices	(Number and Street, City, State, Zip Code	Telephone Number (Including Area Cod)
100 Abbott Park Road	, Abbott Park, Illinois 60064-3500	(847) 937-6100 FINANCIAI
Address of Principal Business (if different from Executive Of	Operations (Number and Street, City, State, Zip Code lices)	Telephone Number (Including Area Code)
Brief Description of Business		
The discovery, developments health care products	opment, manufacture, and sale of a and services.	broad and diversified line of
Type of Business Organization	☐ limited partnership, already formed ☐ limited partnership, to be formed	Other (please specify):
— business trust	innited partnership, to be formed	1800
Actual or Estimated Date of In Jurisdiction of Incorporation or	corporation or Organization: Month 1900 Organization: (Enter two-letter U.S. Postal Service a CN for Canada; FN for other foreign	
GENERAL INSTRUCTIONS		

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no sederal filing see.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

2. Enter the information requested for the following	g:			•
 Each promoter of the issuer, if the issuer has 	been organized v	vithin the past five yea	rs: N/A	•
• Each beneficial owner having the power to voi securities of the issuer; N/A	te or dispose, or a	direct the vote or dispo	sition of, 10%	or more of a class of equity
Each executive officer and director of corporat	e issuers and of o	orporate general and m	anaging partner	s of partnership issuers; and
 Each general and managing partner of partner 	rship issuers. N	/A		
Check Box(es) that Apply: Promoter Bene	eficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
See list attached				, ·
Business or Residence Address (Number and Street	, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter Bene	eficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last pame first, if individual)				
Business or Residence Address (Number and Street	, City, State, Zip	Code)		-
Check Box(es) that Apply: Promoter Bene	eficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				,
Business or Residence Address (Number and Street,	, City, State, Zip	Code)		
Check Box(es) that Apply: D Promoter 🔆 🖸 Bene	Ficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		·		
Business or Residence Address (Number and Street,	, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter Bene	rficial Owner [Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		,		
Business or Residence Address (Number and Street,	, City, State, Zip	Code)		
Check Box(es) that Apply: Promoter Bene	ficial Owner (Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number and Street,	City, State, Zip	Code)		
Check Box(es) that Apply: Promoter Bene	ficial Owner [Executive Officer	C Director	General and/or Managing Partner
Full Name (Last name first, if individual)				1
Business or Residence Address (Number and Street,	City, State, Zip	Code)		·
(Use blank sheet, or copy	and use addition	al copies of this sheet.	as necessary.)	
(Ose Static street, or coly				

2 of 8

SEC 1972 (1/94)

-246			·	В.	INFORM	A MOITA	BOUT OF	FERING				
l. Ha	s the issuer	sold, or	does the is	suer inten	d to sell, t	o non-ecc	redited inv	estors in th	his offerin	g?		Yes No
•					in Appen	. •					•	🕒 🔉
2. Wh	nat is the m	inimum ii	nvestment	that will b	e accepted	from any	individua i	1?	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		\$5,000
	es the offer											Yes No
sior to t list	ter the inform or similar oe listed is a the name of dealer, you	remunera an associa of the brol	tion for sol ted person ker or deal	icitation o or agent o er. If mor	f purchases of a broker e than five	rs in conno or dealer (5) person	ction with registered ns to be lis	sales of sec with the Si ted are ass	urities in th EC and/or	he Offering with a sta	. If a person	on es
	ne (Last na			al)				,				
Goldn	nan, Sa	chs &	Co.									
Business	or Residen	ce Addres	s (Number	and Stree	et, City, Si	tate, Zip (Code)					
85 Br	oad St	reet,	New Y	ork,	NY 10	0004	•					
	Associated						,					
		-						•				
States in	Which Per	son Listed	Has Solid	ited or In	tends to S	olicit Purc	hasers			<u>.</u>		
	"All State									.		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	{DE}	[DC]	[FL]	[GA]	[H1]	[ID]
[IL]	[IN]	[IA]	• -	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[[[[]	[NM]	[NY]	[NC]	[DN]	[OH]	[OK]	[OR]	[PA]
[R1]	[SC]	[SD]	[TN]	[TX]	נידון	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business o	or Residenc	e Addres	(Number	and Stree	ı, City, St	ate, Zip C	ode)	19	•		· · · · · · · · · · · · · · · · · · ·	. •
								•••		 		
Name of	Associated	Broker o	r Dealer	-								
States in	Which Pers	on Listed	Has Solic	ited or In	tends to So	olicit Purc	hasers			,		
(Check	"All States	s" or ches	k individu	al States)			• • • • • • • • • • • • • • • • • • • •	• • • • • • • • •	• • • • • • • • •	: 	•••••	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[0H]	[OK]	[OR]	[PA]
	[SC]	[SD]	[TN] individual	[TX]	(01)	[VT]	· [VA]	[WA]	{WV]	[WI]	[WY]	[PR]
									· ·	.*		
Business o	r Residenc	e Address	(Number	and Street	, City, Sta	ite, Zip Ci	ode)					
Name of	A	Dankar ar	Deelee				<u>.</u> .	·				
Name of A	Associated	ploxel of	Dealer									
States in V	Which Pers	on Listed	Has Solici	ted or Int	ends to So	licit Purch	asers					
	"All States		. .					•.	• • • • • • • •			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT)	[DE]	[DC]	[FL]	[GA]	[HI]	[10]
[IL]	[או]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[HH]	[[[[]	[NM]	[YY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[YT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	· · · · · · · · · · · · · · · · · · ·				
	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			•	•
		Aggres	tate	Amo	unt Alread
	Type of Security	Offering		, 11,,0	Sold
	Debt	\$ 525,0	00	_: <u>s 52</u>	5,000
	Equity	<u>s0</u>		S	00
	□ Common □ Preferred				
	Convertible Securities (including warrants)	s <u> </u>		s	0 .
	Partnership Interests	s <u> </u>		S	0
	Other (Specify)	s <u>0</u>	 	S	0
	Total	525,00	00	s 52!	5,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			_	gregate
		Numb Investo	••		ir Amount Purchases
	Accredited Investors	1		\$ 525	5,000
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.			-	
1	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Toma	.r	Delle	r Amount
	Type of offering	Type o Securit			Sold
	Rule 505			s	·
	Regulation A			s	
	Rule 504			s	
	Total			S	
3	Evernish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	•••••		S	0
	Printing and Engraving Costs			\$	0
	Legal Fees			\$	0
	Accounting Fees		_ _	2	0
				,	0
	Engineering Fees		_	2:6	25.00
	Sales Commissions (specify finders' fees separately)		0		
	Other Expenses (identify) Kenny Index Preparation				541.25
	Total			20,10	66.25

C. OFFERING PRICE, NUMBE	R OF INVESTORS, EXPENSES	AND USE	OF PROCEE	DS	
b. Enter the difference between the aggregate off tion 1 and total expenses furnished in response to "adjusted gross proceeds to the issuer."	ering price given in response to Pa Part C - Question 4.2. This diffe	rt C - Ques-			21,833.7
5. Indicate below the amount of the adjusted gross pused for each of the purposes shown. If the amount estimate and check the box to the left of the estimathe adjusted gross proceeds to the issuer set forth	int for any purpose is not known, ie. The total of the payments listed	furnish an must equal	•		
			Payments to Officers, & Affiliates	P	ayments To
Salaries and fees		🗖 S_	0	s	0
Purchase of real estate		🗆 S_	0	. D S	0
Purchase, rental or leasing and installation of					
Construction or leasing of plant buildings and	facilities	🗆 s _	0	□ s	0
Acquisition of other businesses (including the offering that may be used in exchange for the issuer pursuant to a merger)	assets or securities of another		0	□ \$	0
Repayment of indebtedness	*************************	🗆 s_	0	o s	0
Working capital	***********************	🗆 s_	0	□ s	0
Other (specify): Refund amounts expen	ded to repurchase	O s_	0 -	s 52	1,833.75
bonds which Issuer has remarke	ted hereunder.		•		
	:	🗆 S_	0	_ s	0
Column Totals					1,833.75
Total Payments Listed (column totals added).		••••	□ s 52	L , 833.7	5
D	. FEDERAL SIGNATURE				
he issuer has duly caused this notice to be signed by to be be be be be be by the issuest of its staff, the information furnished by the issuest of its staff, the information furnished by the issuest of its staff, the information furnished by the issuest of its staff, the information furnished by the issuest of its staff, the information furnished by the issuest of its staff, the information furnished by the informatio	suer to furnish to the U.S. Securiti	es and Exchi	ange Commiss	ion, upon	written re-
suer (Print or Type)	Signature		Date		
Abbott Laboratories	Thom		3/	118/20	000
ame of Signer (Print or Type)	Title of Signer (Print or Type)				
Terrence C. Kearney	Vice President a	nd Trea	surer		

_			
1.	. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?	Yes	N
		⁻⊑	
	See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice or Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Name (Print or Type)	Title (Print or Type)	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice of Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printe signatures.

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APPENDIX

1		2	3			4	,		5	
			Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)			under St (if yes explan waiver	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount			
AL	10	. 140		111469(012	Amount	Investors	Amount	Yes	No	
AK										
AZ										
AR.										
CA										
co			· · · · · · · · · · · · · · · · · · ·							
СТ	·									
DE								·		
DC										
FL										
GA			·							
HI										
ID										
IL		·							1.	
IN					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
IA			·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
KS				·						
KY					· 					
LA								·		
ME										
MD										
MA									`	
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MN										
MS										
мо										

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1		2	3			4		T :	5.
	to non-a	d to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item1)		Type of investor and amount purchased in State (Part C-Item 2)				
State	_Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
ĮИ,						•			
NM	:						· · · · · · · · · · · · · · · · · · ·	-	
NY									
NC									
ND				```` `					
ОН									
ок									
OR							·		
PA								<u>.</u>	
RI							-		
sc							·		
SD									
TN					·				
TX									
UT					•				
VT									
VA									
WA						<u> </u>		-	
wv									
wı			-						
WY									
PR									